



General Assembly

January Session, 2003

Raised Bill No. 1133

LCO No. 4285

Referred to Committee on Judiciary

Introduced by:
(JUD)

***AN ACT IMPLEMENTING CERTAIN RECOMMENDATIONS OF THE
CRIMINAL JUSTICE/MENTAL HEALTH CONSENSUS PROJECT.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective October 1, 2003*) (a) The Department of
2 Mental Health and Addiction Services shall establish a pilot program
3 for the development and implementation, in at least one municipal
4 police department, of a mental health crisis response program to
5 address police response to incidents involving persons with
6 psychiatric disabilities. Such mental health crisis response program
7 shall be developed and implemented in consultation with local mental
8 health professionals and community service providers.
- 9 (b) A mental health crisis response program developed pursuant to
10 subsection (a) of this section shall include, but need not be limited to:
- 11 (1) Establishment of protocols for dispatchers to determine whether
12 psychiatric disabilities may be a factor in a call for police service and to
13 use such information to dispatch the call to the appropriate responder,
14 including (A) providing dispatchers with standardized questions that
15 help determine whether psychiatric disabilities are relevant to the call,

16 including whether (i) weapons are involved, (ii) the person with
17 psychiatric disabilities poses a danger, (iii) the person with psychiatric
18 disabilities is at risk of being victimized, and (iv) the person with
19 psychiatric disabilities has a history of violence, (B) providing
20 dispatchers with a flowchart that clearly designates personnel who are
21 to respond when calls may involve persons with psychiatric
22 disabilities, and (C) using designated codes and appropriate language
23 when dispatching the call;

24 (2) Development of on-scene assessment and response procedures
25 that require police officers to determine whether psychiatric
26 disabilities are a factor in the incident, while ensuring the safety of all
27 involved parties, including (A) stabilizing the scene of the incident
28 using deescalation techniques appropriate to persons with psychiatric
29 disabilities, (B) recognizing signs or symptoms that may indicate that
30 psychiatric disabilities are a factor in the incident, (C) determining
31 whether a serious crime has been committed, (D) consulting with
32 personnel having expertise in psychiatric disabilities, including
33 primary or secondary on-scene responders who are specially trained
34 police officers or mental health professionals, in order to enhance
35 successful incident management, and (E) determining, when
36 warranted, whether the person meets the criteria for emergency
37 examination pursuant to subsection (a) of section 17a-503 of the
38 general statutes;

39 (3) Establishment of protocols that enable police officers to
40 implement an appropriate response based on the nature of the
41 incident, the behavior of the person with psychiatric disabilities and
42 available resources, including (A) instituting a flowchart that matches
43 hypothetical situations with disposition options, (B) designating area
44 hospitals or mental health facilities as disposition centers for the
45 referral of persons with psychiatric disabilities who require emergency
46 psychiatric evaluation, (C) ensuring that comprehensive emergency
47 psychiatric services are available to police officers for such referrals,
48 twenty-four hours a day, seven days a week, (D) entering into formal

49 agreements between the municipal police department and local mental
50 health professionals and community service providers that participate
51 in such protocols, (E) ensuring that mental health services and
52 supports are available for every person in need of such services and
53 supports, (F) ensuring that specially trained mental health
54 professionals are available to respond to incidents involving
55 barricaded or suicidal persons, (G) providing information to victims
56 with psychiatric disabilities and their families to help prevent
57 revictimization and increase understanding of criminal justice
58 procedures, (H) informing affected third parties, including victims,
59 minors and elderly persons, of the expected actions to be taken by law
60 enforcement and mental health agencies, the expected outcomes of
61 such actions and the community resources that are available for
62 assistance, (I) transporting the person with psychiatric disabilities to
63 the appropriate facility with the least restrictive restraint possible, and
64 (J) conducting suicide screening for all persons with psychiatric
65 disabilities who are detained for a short time in a police lockup or jail;

66 (4) Accurate documentation of all police contacts with persons
67 whose psychiatric disabilities were a factor in an incident in order to
68 promote accountability and enhance service delivery, including (A)
69 consistently collecting and accurately recording information related to
70 psychiatric disabilities in records and other data concerning calls for
71 police service, (B) consistently collecting and accurately recording
72 information related to psychiatric disabilities in police reports and
73 supplemental forms, in each case focusing on observable behavior of
74 the person with psychiatric disabilities, and (C) documenting
75 information relating to a person's psychiatric disabilities only when
76 such information is relevant to the incident; and

77 (5) Collaboration of the municipal police department with local
78 mental health professionals and community service providers in order
79 to reduce the need for subsequent contacts between persons with
80 psychiatric disabilities and the police, including (A) consulting with
81 such professionals and service providers to evaluate outcomes and

82 aggregate rates of success with respect to persons with psychiatric
83 disabilities referred by the police to such professionals and service
84 providers, and (B) analyzing police data to identify persons with
85 psychiatric disabilities who have repeat contacts with the police and
86 consulting with such professionals and service providers to develop
87 long-term solutions to help such persons avoid further contacts with
88 the police.

89 (c) The Department of Mental Health and Addiction Services shall
90 provide for the evaluation of the pilot program established pursuant to
91 this section by at least one college, university or other institution of
92 higher learning in this state. Such evaluation shall include, but not be
93 limited to, a determination of whether the pilot program constitutes a
94 best practice and is cost effective.

95 (d) Not later than January 1, 2005, the Commissioner of Mental
96 Health and Addiction Services shall report to the joint standing
97 committee of the General Assembly having cognizance of matters
98 relating to the judiciary, in accordance with the provisions of section
99 11-4a of the general statutes, concerning the status of the pilot program
100 established pursuant to this section.

101 Sec. 2. (NEW) (*Effective October 1, 2003*) (a) The executive director of
102 the Court Support Services Division, in consultation with the
103 Department of Mental Health and Addiction Services and local
104 community service providers, shall establish within the Court Support
105 Services Division a pilot program, in at least one judicial district, to
106 assist probationers with psychiatric disabilities in complying with
107 conditions of probation. Such pilot program shall include, but need not
108 be limited to:

109 (1) Development of conditions of probation for probationers with
110 psychiatric disabilities that are realistic and address the relevant
111 individual issues presented by such probationers;

112 (2) Assistance provided by probation officers to probationers with

113 psychiatric disabilities in applying for, or obtaining reinstatement of,
114 state and federal benefits immediately upon the release of such
115 probationers;

116 (3) Assignment of probationers with psychiatric disabilities to
117 probation officers with specialized training and limited caseloads who
118 shall provide close supervision of such probationers; and

119 (4) Establishment of guidelines and incentives for compliance with
120 conditions of probation by probationers with psychiatric disabilities
121 and policies concerning violations of such conditions, including a
122 system of graduated responses to violations by such probationers.

123 (b) The executive director of the Court Support Services Division
124 shall ensure that at least one clinically trained employee of the Court
125 Support Services Division is available, in each judicial district selected
126 for the pilot program established pursuant to this section, for the
127 purposes of such pilot program and that sufficient personnel resources
128 are made available to monitor probationers with psychiatric
129 disabilities and to provide assistance to probation officers who
130 supervise such probationers under such pilot program.

131 (c) The executive director of the Court Support Services Division
132 shall provide for the evaluation of the pilot program established
133 pursuant to this section by at least one college, university or other
134 institution of higher learning in this state. Such evaluation shall
135 include, but not be limited to, a determination of whether the pilot
136 program constitutes a best practice and is cost effective.

137 (d) Not later than January 1, 2005, the Chief Court Administrator
138 shall report to the joint standing committee of the General Assembly
139 having cognizance of matters relating to the judiciary, in accordance
140 with the provisions of section 11-4a of the general statutes, concerning
141 the status of the pilot program established pursuant to this section.

142 Sec. 3. (NEW) (*Effective October 1, 2003*) (a) The Board of Parole, in

143 consultation with the Department of Mental Health and Addiction
144 Services and the Department of Correction, shall establish a pilot
145 program, in at least one region or community, for the release and
146 transitional supervision of parolees with psychiatric disabilities who
147 are released on parole pursuant to section 54-125, 54-125a, 54-125e or
148 54-125g of the general statutes. Such pilot program shall be designed to
149 (1) ensure that clinical expertise and familiarity with community-based
150 mental health resources guide release decisions and the determination
151 of conditions of release with respect to parolees with psychiatric
152 disabilities, and (2) monitor and facilitate compliance with conditions
153 of release by parolees with psychiatric disabilities and respond swiftly
154 and appropriately to violations of conditions of release by such
155 parolees.

156 (b) The pilot program established pursuant to this section shall
157 include, but need not be limited to:

158 (1) Development of guidelines concerning release decisions that
159 address issues unique to parolees with psychiatric disabilities;

160 (2) Consultation by the Board of Parole, or panels thereof, with
161 mental health professionals, including, but not limited to, an in-house
162 forensic psychiatric consultant, during the process of making release
163 decisions, for the purpose of assessing the mental health of parolees
164 with psychiatric disabilities and their potential risk to the community
165 and developing risk management plans with respect to such parolees;

166 (3) Development of protocols for the sharing of information and
167 resources among the Board of Parole, the Department of Correction
168 and local mental health professionals and community service
169 providers, including, but not limited to, protocols for (A) the
170 evaluation of inmates by the Department of Correction, and (B) the
171 form and content of mental health reports concerning such inmates
172 provided to the Board of Parole by the Department of Correction;

173 (4) Establishment of realistic, relevant and research-based special

174 conditions of release for parolees with psychiatric disabilities that
175 address the risks and needs of such parolees;

176 (5) Development of procedures to ensure that the Board of Parole is
177 able to identify and obtain access to community-based programs and
178 resources adequate to support the treatment and successful
179 community reintegration of parolees with psychiatric disabilities and
180 that such programs and resources are available in the communities to
181 which such parolees return;

182 (6) Training for members of the Board of Parole to increase their
183 knowledge concerning the risks and needs of parolees with psychiatric
184 disabilities and factors that mitigate such risks, in order that release
185 decisions and special conditions of release may be determined
186 appropriately by such members;

187 (7) Assignment of limited, specialized caseloads of parolees with
188 psychiatric disabilities to parole officers with advanced training in
189 mental health issues affecting such parolees;

190 (8) Establishment of policies to encourage parole officers who
191 supervise parolees with psychiatric disabilities to conduct field
192 supervision and other monitoring responsibilities within the
193 communities, homes and community-based service programs where
194 such parolees spend most of their time;

195 (9) Collaboration of the Board of Parole with local mental health
196 professionals and community service providers to ensure that parolees
197 with psychiatric disabilities receive services and resources specified in
198 community reintegration and supervision plans;

199 (10) Crisis services available to parolees with psychiatric disabilities
200 twenty-four hours a day, seven days a week;

201 (11) Development of protocols for the sharing of information
202 between parole officers and supervision offices and local mental health
203 professionals and community service providers concerning compliance

204 with conditions of release by parolees with psychiatric disabilities; and

205 (12) Establishment of incentives to encourage compliance with, and
206 a range of graduated sanctions to deter violations of, conditions of
207 release by parolees with psychiatric disabilities.

208 (c) The Board of Parole shall (1) monitor the implementation of the
209 pilot program established pursuant to this section to determine the
210 impact of such pilot program on parole approval and revocation rates
211 for parolees with psychiatric disabilities, and (2) provide for the
212 evaluation of such pilot program by at least one college, university or
213 other institution of higher learning in this state. Such evaluation shall
214 include, but not be limited to, a determination of whether the pilot
215 program constitutes a best practice and is cost effective.

216 (d) Not later than January 1, 2005, the chairperson of the Board of
217 Parole shall report to the joint standing committee of the General
218 Assembly having cognizance of matters relating to the judiciary, in
219 accordance with the provisions of section 11-4a of the general statutes,
220 concerning the status of the pilot program established pursuant to this
221 section.

222 Sec. 4. Section 54-123d of the general statutes is repealed and the
223 following is substituted in lieu thereof (*Effective October 1, 2003*):

224 (a) The [Judicial Branch] judicial branch may establish, within
225 available appropriations, in the judicial district of New Haven and in
226 at least one other judicial district, an alternative incarceration center
227 that, in addition to the programs and services offered by an alternative
228 incarceration center, provides a residential and day reporting program
229 for accused and convicted persons with mental health needs.

230 (b) A full range of mental health services shall, within available
231 appropriations, be provided to the [program] participants of a
232 program specified in subsection (a) of this section. A clinical
233 coordinator shall work with the director of the alternative

234 incarceration center in facilitating timely access to appropriate services
235 and shall develop a network of community, social and vocational
236 rehabilitation supports that will enhance successful program
237 participation and long-term community integration.

238 (c) The executive director of the Court Support Services Division
239 shall provide for the evaluation of the program established pursuant to
240 this section by at least one college, university or other institution of
241 higher learning in this state. Such evaluation shall include, but not be
242 limited to, a determination of whether the program constitutes a best
243 practice and is cost effective.

This act shall take effect as follows:	
Section 1	<i>October 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>
Sec. 3	<i>October 1, 2003</i>
Sec. 4	<i>October 1, 2003</i>

JUD *Joint Favorable*

APP *Joint Favorable*